



3663 TFW

PTO/SB/81 (11-04)

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-------------------|
| Application Number | 09/929.738 |
| Filing Date | 8/13/2001 |
| First Named Inventor | Emilio Casaccia |
| Title | |
| Art Unit | 3663 |
| Examiner Name | Hughes, Deandra M |
| Attorney Docket Number | CISCP686 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer
Number:

54406

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
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| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

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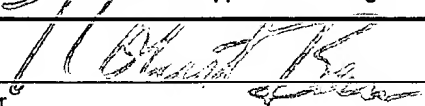
Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|-----------------------|
| Signature |  | Date | July <u>62</u> , 2005 |
| Name | Robert Barr | Telephone | (408) 526-4000 |
| Title and Company | Vice President, Intellectual Property | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.